

Wyckoff Family YMCA Sharks Swim Team

Physician's Clearance Form

Please be advised that your patient, _____ wishes to participate in the Wyckoff Family YMCA's Sharks Swim Team. This is a rigorous exercise program, consisting of three to six 1-3 hour training sessions per week. The training sessions involve swimming laps, using butterfly, back, breast and freestyle stroke; diving from starting block, dry-land exercises (conditioning, running).

Your permission is required to allow your patient's participation in this swim training program. Please fill out the information below:

This child may participate on the Sharks swim team with no limitations.

This child may participate on the Sharks swim team with following limitations:

This child is advised not to participate

Physician's Name: _____ Physician's Phone #: _____

Physician's signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO THE SHARKS SWIM TEAM FILECABINET
File Folder labeled "2019-2020 REGISTRATION"
Due Date: October 1, 2019.**